APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: None
Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: Inhalable Formulation Of A Solution

Containing A Tiotropium Salt

Attorney Docket Number:: 1/1156-1-C1

Request for Early Publication?:: No Request for Non-Publication?:: No Total Drawing Sheets:: 1

Small Entity?:: No
Petition included?:: No

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Karin

Family Name:: DRECHSEL

City of Residence:: Mannheim

City of Residence:: Mannheim
Country of Residence:: Germany

Street of mailing address:: Windeckstrasse 110

City of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address:: 68163

Applicant Authority Type:: Inventor

Primary Citizenship C untry:: Germany

Status:: Full Capacity

Given Name:: Barbara

Family Name:: NIKLAUS-HUMKE

Germany

City of Residence:: Damascheid

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City of mailing address:: Damascheid

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 55432

Country of Residence::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Christel

Family Name:: SCHMELZER

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Country of Residence:: Germany

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City of mailing address:: Ingelheim
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 55218

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Petra
Family Name:: BARTH
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Country of Residence:: Germany

Street of mailing address:: Oberer Laubenheimer Weg 17

City of mailing address:: Mainz

Country of mailing address::

Germany

P stal or Zip Code f mailing addr ss::

55131

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

28501

REPRESENTATIVE INFORMATION

Representative Customer Number::

28501

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/981,937	10/17/2001
09/981,937	Non-Provisional of	60/253,567	11/28/2000

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
DE	100 54 036	10/31/2000	Yes

ASSIGNEE INFORMATION

Assignee name::

Boehringer Ingelheim Pharma KG

Street of mailing address::

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City of mailing address::

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Country of mailing address::

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Postal or Zip Code of mailing address::

55216